



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
05 NOV 17 PM 5:00  
CARROLLA SABAUGH  
MACOMB COUNTY CLERK  
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

This Statement covers From: 01-01-05 to 10-31-05  
Mo Day Year Mo Day Year

1. Committee I.D. Number <b>00136638-50</b>	4. Candidate Last Name <b>Moffitt</b> First Name <b>Mark</b> M.I. <b>J.</b>
2. Committee Name <b>Committee to Elect Mark Moffitt</b>	4a. Office Sought Including District # or Community Served (If applicable) <b>St. Clair Shores City Council</b>
	4b. County of Residence <b>Macomb</b>
5. Committee's Mailing Address <b>21613 FRAZHO S.C.S./MI 48081 Area Code and Phone <b>586-777-0305</b></b>	6. Treasurer's Name & Residential Address <b>Pamela D. Moffitt</b> <b>Same as 5.</b> Area Code & Phone ( ) - ( ) - ( )
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
7. Treasurer's Business Address <b>Same as 5.</b> Area Code and Phone ( ) - ( ) - ( )	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>N/A</b> Area Code and Phone ( ) - ( ) - ( )
9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <b>11-08-05</b> Month Day Year	
9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year	
9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <b>Pamela D. Moffitt</b> <b>Pamela D. Moffitt</b> Date <b>11-17-05</b> Type or Print Name Signature Mo Day Year	
Candidate <b>Mark J. Moffitt</b> <b>Mark J. Moffitt</b> Date <b>11-17-05</b> Type or Print Name Signature Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

00136638-50

2. Committee Name

CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>8/30/05</u> Name: <u>Committee For RESPONSIBLE GOVERNMENT</u> Address: <u>5802 VINCENT TRAIL</u> <u>SHELBY TWP., MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1000.00	1000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/3/05</u> Name: <u>FRIENDS OF ERIN STAHL</u> Address: <u>20113 AVALON, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/3/05</u> Name: <u>ERIN ALANA STAHL</u> Address: <u>20113 AVALON, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/05</u> Name: <u>ROBERT D. IHRIE</u> Address: <u>961 N. OXFORD, GPW, MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>IHRIE &amp; O'BRIEN</u> Business Address <u>24055 JEFFERSON, SCS, MI 48080</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1450.00	

Enter this total on  
line 3 of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

00136638-50

2. Committee Name

CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-22-05</u> Name: <u>DAVID CONSIGLIO</u> Address: <u>22469 REVERE, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>JOHN TISEO</u> Address: <u>29625 GLORIA, SCS, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>ST. CLAIR SHORES FIREFIGHTERS UNION PAC</u> Address: <u>P.O. Box 592, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>KEITH DZIALAK</u> Address: <u>27809 DOVER, WCN, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		10.00	10.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		230.00	

Enter this total on  
line 3 of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>FRED FLAHERTY</u> Address: <u>21330 ALEXANDER, SCS, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-5-05</u> Name: <u>CTE PETER WALBY</u> Address: <u>23079 ENGLEHARDT, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>SANDRA <del>FLAHERTY</del> DZIALAK</u> Address: <u>27809 DOVER, WRN, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>DAVE RUBELLO</u> Address: <u>30007 MAISON, SCS, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		10.00	10.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		230.00	

Enter this total on  
line 3 of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136638-50

2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>VOICE OF THE VOTERS - SCS</u> Address: <u>23079 ENGLEHARDT, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>JAMES DZIALAK</u> Address: <u>27809 DOVER, WRN, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>ANTHONY RASCANO</u> Address: <u>29634 JEFFERSON, SCS, MI 48082</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-7-05</u> Name: <u>CTE KIP C. WALBY</u> Address: <u>20712 ALGER, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		270.00	

Enter this total on  
line 3 of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name: <u>VITO PELLEGRINO</u> Address: <u>28524 JOAN, SCS, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>TONY <del>DEBORA</del> GALUI</u> Address: <u>37472 ALTENIA LN, CT, MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GALUI, INC.</u> Business Address <u>33805 HARPER, CT, MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	200.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES MOFFITT</u> Address: <u>323 AVALON, ROSCOMMON, MI 48653</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>MIKE T. LAW</u> Address: <u>9150 CANEUX, DETROIT, MI 48224</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		420.00	

Enter this total on  
line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136638-50  
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-16-05</u> Name: <u>JOHN CHOWN</u> Address: <u>8471 FREDERICK DR, WASHINGTON TWP, MI 48094</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-16-05</u> Name: <u>ROY C. ROSE</u> Address: <u>55620 WOODRIDGE DR., SHELBY TWP, MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	100.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		200.00	
		2800.00	

Enter this total on  
line 3 of Summary  
Page.

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★★★★★ Mark ★★★★★

# MOFFITT

for CITY COUNCIL

November 17, 2005

Committee to Elect Kip C. Walby  
210712 Alger  
St. Clair Shores, MI 48080

Dear Mr. Walby:

Please find enclosed a check for \$100.00. This check is the return of a contribution made by your Committee to the Committee to Elect Mark Moffitt.

We have been informed via Error and Omission Report that this is a prohibited contribution and it must be returned. Please refer to the quote below from the Candidate Committee Manual.

*"Candidate Committee to Candidate Committee: A Candidate Committee must not accept a contribution from another Candidate Committee except for the purchase of a fund raiser ticket, not to exceed \$100.00 from that Candidate Committee in a calendar year."*

Since we did not hold a fundraiser for which tickets of \$100.00 were sold, we are prohibited from accepting your donation.

Thank you for your generosity in offering this donation. We appreciate your support.

Sincerely,

Pamela D. Moffitt  
Treasurer  
Committee to Elect Mark Moffitt

Paid for by the Committee to Elect Mark Moffitt • 22613 Frazho • St. Clair Shores, Michigan 48081 • 586-777-0305

• 185

11/17/05 THU 16:46 [TX/RX NO 9167]



1090001035

11/17/05

## CUSTOMER COPY

Pay to the \*\*\*COMMITTEE TO ELECT KIP C. WALBY\*\*\*  
 Order of:

\$ 100.00

\*\*ONE HUNDRED and 00/100\*\*\*USDollars

Remitter: CTE MARK MOFFITT  
 WFS

Cashiers Check

11/17/05 THU 16:46 [TX/RX NO 9167]

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING A COLORED BACKGROUND, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK.



**FirstState**  
 Your Hometown Bank  
 www.thefsb.com

FIRST STATE BANK  
 24300 Little Mack  
 St. Clair Shores, MI 48080

## CASHIER'S CHECK

1090001035

11/17/05

Pay to the \*\*\*COMMITTEE TO ELECT KIP C. WALBY\*\*\*  
 Order of:

\$ 100.00

\*\*ONE HUNDRED and 00/100\*\*\*USDollars

Remitter: CTE MARK MOFFITT  
 WFS



MEMBER FDIC EQUAL HOUSING LENDER

Authorized Signature

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

★★★★★ Mark ★★★★★

# MOFFITT

for CITY COUNCIL

November 17, 2005

Friends of Erin Stahl  
20113 Avalon  
St. Clair Shores, MI 48080

Dear Ms. Stahl:

Please find enclosed a check for \$100.00. This check is the return of a contribution made by your Committee to the Committee to Elect Mark Moffitt.

We have been informed via Error and Omission Report that this is a prohibited contribution and it must be returned. Please refer to the quote below from the Candidate Committee Manual.

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Thank you for your generosity in offering this donation. We appreciate your support.

Sincerely,

Pamela D. Moffitt  
Treasurer  
Committee to Elect Mark Moffitt

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**CUSTOMER COPY**

11/17/05

1090001033

Pay to the \*\*\*FRIENDS OF ERIN STAHL\*\*\*  
Order of:

\$ 100.00

\*\*\*ONE HUNDRED and 00/100\*\*\*USDollars

Remitter: CTE MARK MOFFITT  
WFS

Cashiers Check

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING A COLORED BACKGROUND, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK.



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FIRST STATE BANK  
24300 Little Mack  
St. Clair Shores, MI 48060

**CASHIER'S CHECK**

11/17/05

1090001033  
1090001033 DAYS

Pay to the \*\*\*FRIENDS OF ERIN STAHL\*\*\*  
Order of:

\$ 100.00

\*\*\*ONE HUNDRED and 00/100\*\*\*USDollars

Remitter: CTE MARK MOFFITT  
WFS

*Erin Stahl*

Authorized Signature

MEMBER FDIC  
EQUIVALENT TO A MEMBER

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

★★★★★ Mark ★★★★★

# MOFFITT

## for CITY COUNCIL

November 17, 2005

Committee to Elect Peter Walby  
23079 Englehardt  
St. Clair Shores, MI 48080

Dear Mr. Walby:

Please find enclosed a check for \$100.00. This check is the return of a contribution made by your Committee to the Committee to Elect Mark Moffitt.

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Sincerely,

Pamela D. Moffitt  
Treasurer  
Committee to Elect Mark Moffitt

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• 105 •

## CUSTOMER COPY

1090001034

11/17/05

Pay to the \*\*\*COMMITTEE TO ELECT PETER WALBY\*\*\*  
Order of:

\$ 100.00

\*\*\*ONE HUNDRED and 00/100\*\*\*USDollars

Remitter: CTE MARK MOFFITT  
WFS

Cashiers Check

THIS DOCUMENT CONTAINS VARIOUS SECURITY FEATURES INCLUDING A COLORED BACKGROUND, MICROPRINTING AND A TRUE PAPER MACHINE WATERMARK.



**FirstState**  
Your Hometown Bank

FIRST STATE BANK  
24300 Little Mack  
St. Clair Shores, MI 48090  
www.thefsb.com

## CASHIER'S CHECK

1090001034

11/17/05

Pay to the \*\*\*COMMITTEE TO ELECT PETER WALBY\*\*\*  
Order of:

\$ 100.00

\*\*\*ONE HUNDRED and 00/100\*\*\*USDollars

Remitter: CTE MARK MOFFITT  
WFS

*Handwritten Signature*  
Authorized Signature

MEMBER FDIC  
EQUAL HOUSING LENDER

SECURITY FEATURES INCLUDED. DETAILS ON BACK